

wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

Information for Wisconsin Medicaid Provider Services calls

Providers can save time on their calls to Wisconsin Medicaid's Provider Services by having certain necessary information readily available when they call.

Effective use of Provider Services

Wisconsin Medicaid's Provider Services telephone correspondents routinely need certain information from providers in order to effectively and efficiently answer their questions. Attachment 1 of this *Update* gives a detailed list of information providers should have available for common inquiries. Please note that the correspondents are required to ask for your Wisconsin Medicaid provider number to ensure confidentiality and that appropriate information is given.

Provider Services telephone correspondents are available to assist providers with their questions by telephone at (800) 947-9627 or (608) 221-9883. Refer to Attachment 2 of this *Update* for information on the hours of operation for Provider Services.

Additional provider resources

Providers may find it helpful to use the Automated Voice Response (AVR) system for basic inquiries regarding recipient eligibility, claim status, and prior authorization status.

When using Provider Services for these types

of inquiries, providers are limited to three inquiries per call. However, when using the AVR system they may make up to eight inquiries per call. Providers can reach the AVR system 24 hours a day, seven days a week by calling (800) 947-3544 or (608) 221-4247. During business hours, callers can press "0" to be connected with a Provider Services correspondent if their inquiry cannot be addressed through the AVR system.

Providers may also refer to Medicaid publications such as the All-Provider Handbook, service-specific handbooks, and *Wisconsin Medicaid and BadgerCare Updates*. These publications offer detailed explanations of Wisconsin Medicaid policies and procedures.

This *Update* article applies to fee-for-service Medicaid providers. If you are a Medicaid HMO network provider, you may also contact your managed care organization for information about its policies and procedures. ✦

Inside this Update:

What's new on the Medicaid Web site

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HIPAA Up-to-date

What's new on the Medicaid Web site

The Wisconsin Medicaid Web site includes provider and recipient publications, Medicaid contacts and statistics, and eligibility and benefit information. You may visit the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

The following is a list of what has recently been added to the Medicaid Web site:

- October 2000 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- PDF version of Part Q, Division II, Specialized Medical Vehicle (SMV) Handbook.
- PDF version of Part V, Podiatry Handbook.

Keep in mind that if you do not have a computer with Internet access, many libraries have access available. ✦

Common Explanation of Benefits codes for denied claims

The following are tips to help providers successfully complete claim forms.

Wisconsin Medicaid has identified some of the most common Explanation of Benefit (EOB) codes for denied claims and has created this *Update* article as a tool for providers to use as a reference guide while preparing claim forms and responding to denied claims. Being familiar with the information in this article may help decrease the number of denied claims.

A Remittance and Status (R/S) Report is sent to providers that explains the result of claims processed during the previous week. The R/S Report lists EOB codes and messages that tell you whether all or part of your claim has been paid or denied. The following EOB codes are the most common codes for *denied* claims. Included are steps you can take to avoid these denials.

EOB 281 – Recipient Medical Assistance identification number is incorrect. Please verify and correct the Medical Assistance number and resubmit the claim.

Providers should keep the following in mind about Medicaid recipient ID numbers:

- Medicaid recipient ID numbers always contain 10 *digits*, never letters.
- Sometimes a recipient's Medicaid ID number is his or her Social Security number plus "0." This is not true for all recipients. To verify that they have the correct ID number, providers should check the recipient's Forward card and verify it with Medicaid's Eligibility Verification System (EVS).

If you submitted a claim with the incorrect recipient ID number, correct the claim and resubmit it to Wisconsin Medicaid.

EOB 424 – Billing provider name/number is missing, mismatched or unidentifiable. Indicate one billing provider name/number in the appropriate element.

Make sure that the billing provider number (Item 51 of the UB-92 claim form/Element 33 of the HCFA 1500 claim form) is the provider number issued to the billing provider name listed

Sometimes a recipient's Medicaid ID number is his or her Social Security number plus "0." This is not true for all recipients.

(Item 1 of the UB-92 claim form or Element 33 of the HCFA 1500 claim form). The provider name and number indicated on the claim must exactly match the name and number in Wisconsin Medicaid's file.

Do the following to verify that you have the correct provider name and number:

- Refer to the certification letter you received from Wisconsin Medicaid.
- Call Provider Services at (800) 947-9627 or (608) 221-9883.

EOB 278 – Denied, recipient eligibility file indicates other insurance. Submit claim to other insurance carrier.

Except for a few instances, Wisconsin Medicaid is the payer of last resort for any Medicaid-covered service. This means the provider is required to make a reasonable effort to exhaust all existing health insurance sources before billing Wisconsin Medicaid unless the service is not covered by insurance. Refer to the Coordination of Benefits section of the All-Provider Handbook for more information about billing commercial health insurance. Information regarding a recipient's health insurance coverage is available from the EVS.

If you already submitted a claim to the recipient's other commercial health insurance, indicate an "other insurance (OI)" disclaimer code on the claim. To determine which disclaimer code you should use, refer to your service-specific claim form instructions.

EOB 100 – Claim previously/ partially paid on "#####" on RA date "MMDDYY." Adjust paid claim.

(Note: The claim number and Remittance Advice [RA] date in the EOB message identify

the actual paid claim and the date of the R/S Report when the claim processed.)

This means that you submitted a duplicate claim or you resubmitted a claim that included some line items/details already in an allowed (or paid) status. If additional charges need to be billed to Wisconsin Medicaid, adjust the paid claim by submitting an Adjustment Request Form. Refer to the Claims Submission section of the All-Provider Handbook for information on submitting an Adjustment Request Form or submit a new claim that includes the line items/details previously denied.

EOB 614 – Medical Assistance number does not match recipient's first name

EOB 029 – Medical Assistance number does not match recipient's last name

Obtaining the correct name

Providers should enter the recipient's name on the claim form the way it appears on Medicaid's EVS. (Automated Voice Response [AVR] is the only EVS method that does *not* give out the spelling of the recipient's name.) The claims processing system cross checks the Medicaid ID number and the name on the claim against the ID number and name on Medicaid's file. If Medicaid's EVS returns a name that differs from the name on the card but the person is the same, Wisconsin Medicaid advises providers to use the name issued by the EVS, not the name on the Forward card. The EVS is more current than the recipient's card.

Correcting a name

Instruct recipients to contact their caseworker if their name is incorrect on the Forward ID card or Medicaid's EVS. Wisconsin Medicaid will issue a new Forward ID card with the corrected name at a later date.

Providers should enter the recipient's name on the claim form the way it appears on Medicaid's EVS.

Submitting claims with incorrect name

If a claim is submitted with the previous or incorrect name, Wisconsin Medicaid will still process the claim because both names will be cross-referenced on Medicaid's files.

Wisconsin Medicaid's files match the correct name with the correct ID number.

Ways to access Medicaid's Eligibility Verification System

Each section of the All-Provider Handbook has a page titled "Important Telephone Numbers." Providers should refer to this page for EVS information. ✦

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

HIPAA uptodate

The Internet is your best source for information regarding the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Health Care Financing Administration has published a comprehensive list of HIPAA-related Web sites, along with a summary of what can be found on each, at www.hcfa.gov/medicare/edi/hipaaedi.htm. One site of particular interest, aspe.os.dhhs.gov/admsimp/ contains updated schedules and frequently asked questions, a link to download the electronic transaction standards, and answers regarding HIPAA and Administrative Simplification provisions. If you do not have a computer with Internet access, many libraries have Internet access for public use.

Wisconsin Medicaid uses the *HIPAA Up-to-date* section of the *Wisconsin Medicaid and BadgerCare Update* to:

- Communicate various issues regarding HIPAA.
- Offer information that may help you meet HIPAA requirements.
- Keep you informed of our progress towards HIPAA compliance.

Wisconsin Medicaid continues to monitor and analyze federal HIPAA regulations, identify impacts to our systems and processes, and develop solutions to ensure timely compliance. We encourage you to do the same. Watch for more *HIPAA Up-to-date* articles in future *Wisconsin Medicaid and BadgerCare Updates*.

ATTACHMENT 1

| Common Provider Services Inquiries | | |
|------------------------------------|--|---|
| Topic of Inquiry | Information Provider Services Will Request | Additional Helpful Information |
| Recipient Eligibility | <ul style="list-style-type: none"> · Eight-digit Wisconsin Medicaid provider number. · Date of service in question. · 10-digit Wisconsin Medicaid recipient ID number OR correctly spelled recipient name and recipient's date of birth. | |
| Claim Status | <ul style="list-style-type: none"> · Eight-digit Wisconsin Medicaid provider number. · 10-digit Wisconsin Medicaid recipient ID number. · Recipient name. · Date of service. | <ul style="list-style-type: none"> · Total amount billed on claim. |
| Explanation of Processed Claim | <ul style="list-style-type: none"> · Eight-digit Wisconsin Medicaid provider number. · 10-digit Wisconsin Medicaid recipient ID number. · Recipient name. · Date of service. | <ul style="list-style-type: none"> · 15-digit claim number from Remittance and Status (R/S) Report. · Explanation of Benefits (EOB) message codes. · Total amount billed on claim. · R/S Report date. · Procedure code of service in question. · Access to Medicaid publications such as the All-Provider Handbook, service-specific handbooks, and <i>Updates</i>. |
| Prior Authorization Status | <ul style="list-style-type: none"> · Eight-digit Wisconsin Medicaid provider number AND 10-digit Wisconsin Medicaid recipient ID number. OR · Prior authorization number. | |

ATTACHMENT 2

| Provider Services Hours of Operation | | | |
|--------------------------------------|------------------------|------------------------|------------------------|
| | General Correspondents | Dental Correspondent | Pharmacy Correspondent |
| Monday | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 9:00 p.m. |
| Tuesday | 9:30 a.m. to 4:30 p.m. | 9:30 a.m. to 4:30 p.m. | 9:30 a.m. to 9:00 p.m. |
| Wednesday | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 9:00 p.m. |
| Thursday | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 9:00 p.m. |
| Friday | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 4:30 p.m. | 8:30 a.m. to 9:00 p.m. |
| Saturday | Not available | Not available | 9:00 a.m. to 5:00 p.m. |